SANITATION BRANCH

TELEPHONE NUMBER: (808) 586-8000 FAX: (808) 586-4729

## PUBLIC FRESHWATER SWIMMING POOL DAILY OPERATION REPORT

STATE OF HAWAII

DEPARTMENT OF HEALTH

(Keep on file for twelve months)

DATE (molday) Water Clarity (Disc Visible) Pump and Filters (Gal/Min) Pump and Filters (Gal/Min) Pump and Filters (Gal/Min) Pump and Residual (ppm) Pu	Р	ool Name:				-	Pool Operating Hours:	Year:	
		Water Clarity (Disc Visible)	Pump and Filters Operating Hours	Rate of Flow Meter (Gal/Min)	Disinfectant Type and Residual (ppm)	рН	Chemicals Added to Pool (Name and Ar	mount)	Operator's Initials

San 07/02 Total Alkalinity (monthly): Date: Reading: (Continue on back)

## PUBLIC FRESHWATER SWIMMING POOL DAILY OPERATION REPORT

(Keep on file for twelve months)

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DATE (mo/day)	Maintenance and/or Malfunctioning of Equipment	Accidents (fecal or vomitus) and Actions Taken	Operator's Initials
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